

79. Utilizing a Public-Private Partnership to Develop a Strategic Plan to Reduce Teen Birth, STI, and HIV Rates Among Urban Youth

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AM Houston, A Tanner, P Paluzzi. (2011). 79. Utilizing a Public-Private Partnership to Develop a Strategic Plan to Reduce Teen Birth, STI, and HIV Rates Among Urban Youth. *Journal of Adolescent Health* 48 (2), S58-S59.

Made available courtesy of Elsevier: <https://doi.org/10.1016/j.jadohealth.2010.11.126>



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Abstract:

Purpose: After significant decline since the early 1990's, rates of teen births in Baltimore increased in 2005 and 2006. Despite a slight rate decrease (from 66.4 to 63.7/1,000 females age 15-19) from 2007 to 2008, the City's teen birth rate remained almost double the Maryland rate of 32.7/1,000. The purpose of this initiative was to develop a strategic, sustainable plan to reduce teen birth, STI, and HIV rates in Baltimore City. The plan was developed as a partnership between Baltimore City Health Department, Healthy Teen Network and Johns Hopkins University and utilized the CDC adopted Getting to Outcomes (GTO) model to conduct a community needs assessment.

Keywords: published abstract | Baltimore | teen pregnancy | STI rates

Article:

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Methods: Quantitative and qualitative data were used to assess resources and needs including: 14 on-line surveys, 16 key informant interviews, and 2 multidisciplinary work groups with leaders of public agencies and directors of organizations that provide clinical and educational reproductive health services to teens; 6 focus groups with 40 in and out of school youth residing in Baltimore City; and a review of secondary data sources. Methods for data

analysis included GIS mapping and descriptive statistics for quantitative data and content analysis for qualitative data.

Results: Mapping of clinical and community resources and teen pregnancy rates demonstrated significant geographic disparities in available services. No evidence-based comprehensive sexuality education curricula offered within the public school system exists. Although the network of 65 after-school programs and faith-based organizations offer strong youth-development programming, specific teen pregnancy activities were not identified. Common barriers to implementation of a pregnancy prevention plan included: insufficient resources, inconsistent leadership for adolescent reproductive health issues, and no sustainability of efforts. Youth stated that they preferred and depended on in-school confidential reproductive health clinical services, accessible teen-focused clinical services, and caring adults.

Conclusions: Using the GTO framework, strategies such as improved collaboration between health departments and public school systems to increase access to evidence-based sexuality education and confidential reproductive health services, increased outreach and connection to youth, and the creation of a stable city-wide coalition to be responsible for managing a plan, can be identified, implemented, and sustained over time. Strengths of this study include using an academic-private-public partnership to integrate evidence-based research into public health practice, and using a mixed methods approach to elicit information from adult and youth informants. It is important that professionals who serve youth use existing infrastructure, such as linking to mayoral health initiatives, strengthen and enhance the school-based health centers, and develop/strengthen relationships with the faith-based community, after-school programs, and private and public funders in order to create a supportive environment that addresses factors related to teen pregnancy prevention.

Sources of Support

The Abell Foundation and the Blaustein Philanthropic Group.